

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000101468

FILED
Apr 24, 2012
Secretary of State

Entity Name: ALLEANZA PHARMACEUTICALS, INC.

Current Principal Place of Business:

400 N. ASHLEY ST
SUITE 1950
TAMPA, FL 33602 US

New Principal Place of Business:

Current Mailing Address:

400 N. ASHLEY ST
SUITE 1950
TAMPA, FL 33602 US

New Mailing Address:

FEI Number: 45-4213391 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POINT GUARD PARTNERS LLC
400 N. ASHLEY ST.
SUITE 1950
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DCEO
Name: BUTLER, BARRY
Address: 400 N. ASHLEY ST, SUITE 1950
City-St-Zip: TAMPA, FL 33602 US

Title: D
Name: CHAUVIN, BERNARD
Address: 400 N. ASHLEY ST, SUITE 1950
City-St-Zip: TAMPA, FL 33602 US

Title: D
Name: MANGIAFICO, SEBASTIANO
Address: 400 N. ASHLEY ST, SUITE 1950
City-St-Zip: TAMPA, FL 33602 US

Title: S
Name: COLEMAN, DREY
Address: 400 N. ASHLEY ST, SUITE 1950
City-St-Zip: TAMPA, FL 33602 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DREY COLEMAN

S

04/24/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date